



**GRANT AGREEMENT MODIFICATION**  
between the  
**STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
And  
**APPLETON CITY HD**  
for  
**2020 DPH Consolidated Contract**

DPH Contract No.: 43546-1  
Agreement Amount: \$53,243  
Agreement Term Period: 10/1/2019 to 9/31/2021  
CARS Pre-Packet No: 16280

DHS Division: Division of Public Health  
DHS Grant Administrator: Chuck Warzecha  
DHS Telephone: 608-266-9780  
DHS Email: [Charles.Warzecha@dhs.wisconsin.gov](mailto:Charles.Warzecha@dhs.wisconsin.gov)

Grantee Grant Administrator: Mr Kurt Eggebrecht  
Grantee Address: 100 N Appleton Street, Appleton, WI,  
54911  
Grantee Email: [kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)

Modification Description: We are adding funding for DPH PHEP COVID19 (Profile 155801). Please see attached Scope of Work. Final reports are due 45 days from the end of the designated contract period for the included profiles.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

**State of Wisconsin**  
**Department of Health Services**

**Grantee**  
Entity Name: Appleton Health Department

Authorized Representative

Authorized Representative

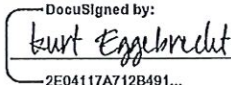
Name: \_\_\_\_\_

Name: Kurt Eggebrecht

Title: \_\_\_\_\_

Title: Health Officer

Signature: \_\_\_\_\_

Signature: 

Date: \_\_\_\_\_

Date: 5/18/2020

## CIVIL RIGHTS COMPLIANCE ATTACHMENT

The Wisconsin Department of Health Services and Grantee agree to the below change to the agreement. The below enumerated agreement revision is hereby incorporated by reference into the agreement and is enforceable as if restated therein in its entirety.

Section 10 of the Agreement (“CIVIL RIGHTS COMPLIANCE”) is hereby amended by inserting the following:

In accordance with the provisions of Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116), Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), and regulations implementing these Acts, found at 45 C.F.R. Parts 80, 84, and 91 and 92, the Grantee shall not exclude, deny benefits to, or otherwise discriminate against any person on the basis of sex, race, color, national origin, disability, or age in admission to, participation in, in aid of, or in receipt of services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by the Grantee directly or through a Sub-contractor or any other entity with which the Grantee arranges to carry out its programs and activities.

**DHS CARS STAFF INTERNAL USE ONLY**  
**CARS PAYMENT INFORMATION**

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #: Agency Name: Agency Type: CARS Contract Start Date CARS Contract End Date Program Total Contract:  
 449983 APPLETON 160 4/1/2020 3/31/2021 \$53,243  
 CITY HD

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155801	DPH PHEP COVID19		-	\$53,243	\$53,243	N/A
					\$53,243	

IN PROCESS

**FEDERAL AWARD INFORMATION**

<b>DHS Profile Number</b>	155801
<b>FAIN</b>	NU90TP922078
<b>Federal Award Date</b>	3/16/2020
<b>Sub-award period of Performance Start Date</b>	3/5/2020
<b>Sub-award period of Performance End Date</b>	3/15/2021
<b>Amount of Federal Funds obligated (committed) by this action</b>	\$53,243
<b>Total Amount of Federal Funds obligated (committed)</b>	\$53,243
<b>Federal Award Project Description</b>	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
<b>Federal Awarding Agency Name (Department)</b>	Centers for Disease Control and Prevention
<b>DHS Awarding Official Name</b>	Julie A. Willems Van Dijk
<b>DHS Awarding Official Contact Information</b>	608-266-9622
<b>CFDA Number</b>	93.354
<b>CFDA Name</b>	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
<b>Total made available under each Federal award at the time of disbursement</b>	\$10,700,192
<b>R&amp;D?</b>	No
<b>Indirect Cost Rate</b>	0.065